Mr T J and Mrs S K Bower

Omega Oak Barn

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection was unannounced and took place on 11 May 2015. At the time of our inspection there were 27 people living at the service.

Omega Oak Barn is a family run home in Beadlam close to the market towns of Helmsley and Kirbymoorside. It provides personal care and support to up to 28 older people who may also be living with dementia. The home is on one level, rooms are en-suite and there are communal areas for people to spend time in. There is a secure walled garden which leads off from a small conservatory.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the service was in breach of the regulation relating to consent. They were not applying the principles of the Mental Capacity Act 2005. You can see what action we have told the provider to take at the back of this report.

People who lived at the service told us they felt safe. The service had sufficient staff to ensure people's needs were met. Staff were aware of how to protect people from avoidable harm and demonstrated a good knowledge of safeguarding adult's procedures.

Summary of findings

There were individual risk assessments in place for people as they were required, and everyone had a personal emergency evacuation plan. This meant the emergency services would have information they needed about how to support people should this be needed.

Medication was ordered, stored and administered safely. People told us care staff explained to them what the medication was. We observed care staff took time whilst support people to take their medicines and stayed with them to ensure they had taken them safely.

The home environment was clean, safe and well maintained.

Staff told us they were well supported by the management team. We saw evidence of regular and effective supervision which gave staff the opportunity to discuss any concerns or development needs they had. There was a robust induction programme in place and care staff told us they were encouraged to undertake ongoing training. One member of staff told us they were being supported to complete their NVQ level 5 in health and social care. Staff had an annual appraisal.

People told us they enjoyed the food, they said they were given a choice and had access to drinks and snacks between meals. We observed lunch to be calm and well organised it was an enjoyable experience for people.

We noticed one person had lost a significant amount of weight and when we asked the registered manager about this they were unable to show us any records of the person being referred to the appropriate health care professional for a review. The registered manager told us they would arrange a review by the doctor.

People told us they were well cared for and felt staff listened to them and respected their choices. Staff told us if their family needed to be looked after they would be happy for them to be cared for at the service. We observed care staff to be patient, warm and kind to the people they supported.

A visiting doctor told us they worked closely with the service and thought people received good care. They said the registered manager worked well with them and was proactive. The doctor thought people had received good quality end of life care, and the service had sought support from the appropriate health care professionals such as the community nursing team and the palliative care team.

Care plans were easy to follow, contained clear guidance for staff and were person centred. We saw care planning took into account people's life experiences and likes and dislikes.

People told us they knew how to make a complaint, should they need to.

We saw an activities co-ordinator spent time with people during the afternoon of our inspection and people enjoyed this.

The registered manager did not have effective audit systems in place. This meant they had not picked up on some of the issues we noticed, such as record keeping. We have made a recommendation to the provider about reviewing their quality assurance systems.

Regular staff meetings took place, however, there were no formal meetings held for people who used the service and their families. They were invited to complete an annual survey. This meant there was limited involvement for people and their families about the service and areas for improvement could be missed.

The registered manager was well respected by staff and people who used the service gave good feedback about them. They were open and helpful with the inspection team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People who lived at the service and their families told us they felt safe and well looked after. There were sufficient staff available to meet people's needs. Staff were recruited safely. Staff were aware of how to safeguard people from avoidable harm.

Individual risk assessments were completed, and we saw a copy of the personal emergency evacuation plan. This contained all the information the emergency services would need to assist them.

Medicines were safely administered. People were supported in an environment which was maintained and clean.

Good

Is the service effective?
The service was not consistently effective.

The principles of the Mental Capacity Act 2005 were not being followed. We did not see evidence of the service completing mental capacity assessments and when there was a record of someone being unable to make a decision we did not see any best interest decisions being made.

Staff had access to good training, regular and effective supervision and received an annual appraisal.

People told us they enjoyed the food and the lunchtime experience was a positive one for people. It was calm and well organised. Where people needed adapted cutlery to support their independence this was provided.

We noted one person had lost a significant amount of weight and we were unable to see records of health professional advice being sought.

Requires improvement

Is the service caring?
The service was caring.

People spoke positively about the care and support they received. We observed staff knew people well. Care staff told us they would be happy for their relative to be looked after at the service.

A doctor told us they thought people had received good end of life care, and they had a positive working relationship with the service and registered manager.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's care plans contained detailed information about their life before moving to the service and their preferences so staff could deliver person centred care, and get to know people they supported.

People told us they knew how to make a complaint should they need to. One person told us they had complained in the past and this had been resolved to their satisfaction.

We saw some formal activities taking place which people enjoyed.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The registered manager told us they completed audits, but this was done informally. This meant we picked up some areas for work which the registered manager could have been aware of if they had a robust system in place for quality assurance.

People who lived at the service, relatives and staff spoke positively about the registered manager. They told us the registered manager was often around and we observed they had a good rapport with people. The registered manager was open and transparent throughout the inspection.

Staff had regular meetings. They were given the opportunity to give feedback on the service. However, the registered manager did not have regular formal meetings with people who lived at the service and their families. They gave feedback via an annual survey, overall the feedback was positive.

Omega Oak Barn

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 May 2015 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor (who was a nurse with experience of working with older people and dementia care) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this visit had experience with older people and people living with dementia.

Before our inspection we reviewed all the information we held about the home. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England, they did not have any feedback to share regarding the inspection.

During the inspection we spoke with five people who lived at the service, two relatives, and eight members of staff which included one of the owners, registered manager, care workers, the cleaner and chef. We also spoke to a visiting health professional. We observed the medications round and care being provided in the communal areas of the home. We looked in people's bedrooms, and communal bathrooms. We also observed lunch being provided.

We looked at documents and records that related to people's care, and the management of the home such as training records, policies and procedures. We looked at four care plan records and three staff files.

Good

Is the service safe?

Our findings

All of the people we spoke to told us they felt safe, they said, "Yes, that's why I like it here, I'm watched over carefully," and, "Very safe, there is a bell to ring if you need staff."

The registered manager told us accidents and incidents were recorded in people's care plans, and were communicated to staff via the daily handover or in a report book for senior care staff. They told us they did not review accidents and incidents to see if there were any themes or patterns. This meant there was a limited system in place to monitor accidents and incidents. It was not clear how the service learnt from accidents and incidents, to reduce the risk of reoccurrence and to protect people from harm.

We saw evidence of risk assessments for people at risk of weight loss, developing pressure ulcers and a bed rails risk assessment. The risk assessments had recommended actions. This meant staff had clear documentation to enable them to know how best to support the person and to reduce the risk of harm.

We saw a copy of the personal emergency evacuation plan for each person who lived at the service, this was easily accessible and gave clear instruction about the support each person would need in an emergency situation. The registered manager told us these were updated each month. So if people needed to be evacuated quickly the emergency service would know what support people needed.

Staff showed a good understanding of how to support vulnerable adults and protect them from avoidable harm. They spoke to us about how to detect the signs of abuse, and the immediate action they would take to keep people safe. Staff understood the reporting procedures and all of the staff we spoke with had received safeguarding training.

Since the last inspection CQC has received two whistle blowing concerns. The local authority and CQC had investigated these and concluded they were unfounded. The registered manager worked closely with the local authority to enable these concerns to be investigated. They told us they took all concerns raised seriously. As a result of the most recent whistle blowing concern the registered manager told us they are planning to hold a staff meeting, to remind care staff they should be following the service's policy. The registered manager told us they will remind staff they should alert the registered manager or provider in the first instance, unless they are implicated, to ensure they can take any immediate action required. The provider confirmed this meeting would be taking place shortly. We saw the service had a clear and up to date whistle blowing policy. All of the care staff we spoke to were aware of the whistle blowing policy and knew how to raise concerns.

We observed enough staff were on duty to keep people safe. Staff responded to people's needs quickly and had time to offer reassurance. The interactions we observed were unhurried. People who used the service told us they thought there were enough staff. All of the staff we spoke to said they thought there were enough staff to look after people well. The registered manager told us they assessed how many staff were required based on observation, doing care shifts themselves and feedback from care staff.

The service had effective recruitment and selection processes in place. Appropriate checks had been undertaken before staff began work, including checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

People told us they got their medicines on time and staff explained to them what their medicines were. One person said, "I quite often query them and they tell me what they are for." We observed medicines being given to people. We saw staff took time to explain to people what their medication was for. They sat with people whilst they took their tablets, to ensure they were taking their medication correctly.

The service had updated their medication policy in April 2015. Once care staff received initial training a competency check was done. The registered manager told us care staff administering medication had training via Boots pharmacy every year. On the day of our inspection this training was taking place, and the registered manager confirmed to us that all staff responsible for administering medication had up to date training in place.

The service operated a monitored dosage system of medication. Medication administration records (MARs) had a photograph of the person and were completed correctly.

Good

Is the service safe?

The medication trolley was kept securely and was tidy. We looked at controlled drugs and found there were appropriate arrangements in place for the administration, storage and disposal of controlled drugs.

Overall we found the arrangements for administration, storage and disposal of medicines were safe.

The environment was safe and clean. We spoke to a cleaner who told us they were clear about their roles and responsibilities. They had worked there for seven years and said they enjoyed it and felt well supported. Everyone we spoke to who lived at the service told us it was clean. One person said, “It’s very clean, it’s cleaned every morning.”

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. We did not see any mental capacity assessments in the six care plans we looked at. We asked the registered manager whether the service completed Mental Capacity Assessments. They told us they did not; they relied on information from health professionals or social workers about whether the individual could make their own decisions. We talked to care staff who understood the need to seek consent from people when delivering care and they told us how they supported people to make their own choices on a day to day basis.

We saw in one person's care plan a record which stated the person had, 'no capacity.' They had a door sensor installed to alert staff when they left their bedroom during the night. We could see this was in place to ensure the person was safe, and to alert staff the person was out of their room. This was so they could go and ensure they were okay and not going into other people's rooms. The registered manager told us they had informed the person's family, who were in agreement with the sensor. We saw two people with 'do not attempt to resuscitate' forms in their care plans, both people were recorded as lacking capacity to consent to the decision. These were completed by doctors. However, the service had not recorded any assessment of the person's capacity or records of best interest decisions in relation to other aspects of their care needs.

The service was not following the principles of the legislation. They were not assessing the person's ability to make the specific decision. In addition to this there was no record of a best interest decision. A best interest decision is a decision made on behalf of a person who is unable to make their own decision and should involve the person's family or friends and other health and social care professionals. This meant that staff were not always following the principles of the Mental Capacity Act 2005 when planning peoples care. This was a breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager demonstrated an understanding of the DoLS and told us two people who lived at the home were subject to an authorised DoLS. We reviewed the documentation and saw all the necessary paperwork was in place. The registered manager had made a further 23 applications, these had been received by the local authority; however, due to the volume of new requests the local authority had not yet completed the assessments to determine whether or not they required an authorisation.

Staff told us they had access to a lot of training. The registered manager showed us the existing induction checklist, and explained to us that all new staff would be provided with the 'care certificate, standard self-assessment tool', to work through over a 12 week period. We saw evidence this was planned on the service action plan. The care certificate will replace the common induction standards and national minimum training standards. This showed the service was keeping up to date with good practice in relation to induction training.

The registered manager had a system in place which meant they could easily see what training staff had attended. This meant it was possible to keep track of the training staff needed. We saw people had access to a variety of mandatory training, some of this was overdue and the registered manager showed us the training plan they had in place to address this.

We saw evidence the service supported staff to continue to develop their skills, one member of staff told us the service was supporting them to complete the health and social care national vocational qualification level five.

All of the care staff we spoke to told us they had supervision on a regular basis. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give feedback on their practice. We looked at three staff files and confirmed supervision took place on a regular basis. The service used a standard form for supervision which covered the following areas; how do you feel work is going,

Requires improvement

Is the service effective?

are any aspects of the role difficult, areas for training and future goals along with feedback from the supervisor. This enabled the service to offer a consistent approach to supervision.

All of the people we spoke to were positive about the food and drink they received. One person said, "It's good, breakfast is cereals or toast, there is always a choice for lunch and its sandwiches at teatime", another person said, "It is excellent food and there is always a choice."

We observed lunch in the dining room. It was calm and well organised. 20 people sat at tables and were supported by five members of staff. There was a menu board with the choices for the day's meals, with pictures of the food. Tables were set nicely, and people who needed them had plate guards and adapted cutlery. People were offered a choice of drinks. The food looked hot, appetising and people told us they enjoyed it. One person described their experience of meal times, "It's pleasant, most of us can have a good laugh."

We spoke to the chef who told us they received written information about people's dietary needs. They showed us documents which recorded people's likes and dislikes and any individual dietary needs. When we spoke to care staff they told us they thought the food was of a good standard, one person said the produce was locally sourced.

We saw people were weighed regularly, and people had nutritional risk assessments in their care plans. However, we noted one person had lost weight. We asked care staff what they would do if they noticed someone had lost weight and they all said they would tell the registered manager. One person had lost 13 pounds since January 2015. We could not see a record of what action had been taken as a result of this. We spoke to the registered manager who assured us the GP would have been consulted; however, we did not see this recorded. The registered manager confirmed they would arrange a GP visit and ask whether a referral to the dietician was required for the person we had identified.

Good

Is the service caring?

Our findings

During our inspection we saw people were treated with kindness and compassion. People who lived at the service told us staff were caring and they felt well cared for. Comments included, “They treat me very well," “they are marvellous, no complaints, you can talk to them," "I think they are all very friendly," and, "they are all here doing a good job."

We observed people to be relaxed and at ease in the company of staff. Throughout the inspection we saw care staff offered people choices, and encouraged people to have support. They did this by giving people explanations and offering reassurance. We saw two members of staff sitting with people in the main lounge and helping them to have a drink. This was done at the person’s pace. Someone in the lounge started to sing quietly, a member of care staff joined in with the person, and the person sang louder. Other people tapped their hands along to the tune. It was a lovely interaction and the atmosphere was calm and enjoyable for people sat in the lounge.

We saw in people’s care plans information about their life experiences, what was important to them and their likes and dislikes. We spoke to a member of staff who said they felt they got to know people well. All of the people we spoke to who lived at the service said they thought staff knew them. One person said, "they know I listen to Songs of Praise on a Sunday and they put it on for me." A relative told us, "I feel happy that [my relative] is here, he feels free and can express himself, they look after him.”

People told us they felt staff listened to them. They said staff took time to explain things and one person said, “I talk to carers and I think they listen to me." People said their decisions were respected by staff. We observed staff respecting people’s privacy by knocking on their bedroom doors before entering.

We saw visitors were welcomed and spent time with their relatives in the lounge. A relative whose family member had recently moved into the service told us they felt the care staff were supportive, both to their relative and themselves, and they were welcome to visit when they wanted.

All of the care staff we spoke to said they would be happy for their relatives to be looked after at the service, if they needed this type of care. One member of staff explained their approach to providing care, “I look at it like I was giving care to a member of my family.”

We spoke to a doctor who explained he visited the service at least once a week. They explained they visited routinely on a Monday and reviewed people’s health needs. The doctor told us the service consulted them appropriately at other times. He said they had a good working relationship with the registered manager and found care staff to be knowledgeable about people’s health and care needs.

We spoke to a visiting doctor who told us he thought the service had managed people’s end of life care needs well. He said the service had requested support from the community nursing and palliative care team. This meant people’s health and care needs were being monitored by the appropriate health professionals, and they were supporting the service to ensure people could stay at there for their end of life care. The doctor said he thought the service had worked hard to make sure people were comfortable and well looked after at the end of their life, and described people as having experienced a “good death.”

The registered manager kept a file of compliments which had been received, we looked at the last three and they were all positive about the care their family members had received. One card from a family member said, “A special thank you to everyone at Omega Oak Barn for the caring support you gave to [person’s name] and all our family while [person’s name] was with you.”

Good

Is the service responsive?

Our findings

People told us they got the right support, and felt comfortable to talk to staff about what was important to them. People said they could express their choices about how they were supported, and care staff would follow this.

We looked at four people's care plans and they all contained a detailed pre admission assessment, we saw that people and their families had been involved in completing these with the registered manager. This meant the registered manager was considering whether the service could meet the person's needs. This information was then used to complete a more detailed care plan.

Some people had a document called 'This is Me,' which is produced by the Alzheimer's society. It gives people an opportunity to record detailed information about their life and personality. We could see the information contained in this document was reflected in people's care plans. For people living with dementia this is important, as they may not be able to tell staff how they wish to be supported. The service was ensuring they developed person centred care for people living with dementia.

Each care plan contained a document called 'Me and my life'. This document had been developed by the service. It contained information about people's life experiences before they moved into the service, their current needs, and how staff should support them. A dependency level, based on a traffic light system, had been recorded for each area of need. This system was clear to staff and we found care plans were easy to follow. All of the care staff we spoke to told us the care plans helped them to get to know people.

People's care plans contained a two page profile which was a summary of their needs. This document accompanied the person if they went into hospital. This meant hospital staff had information to help them provide continuity of care.

When there were changes to people's needs this had been acted on and recorded within the care plan. We saw one person had been unwell, the GP had been involved and they had a short stay in hospital. There was an updated care plan and a clear risk assessment in place. So staff knew what to do if this person became unwell again. We saw evidence that the person's family had been involved in developing this. The registered manager told us care plans were reviewed based on the traffic light dependency levels, or if the person's needs changed. We could see reviews had taken place.

People told us if they wished to complain they would speak to staff. All five people we spoke to knew how to make a complaint, one person said, "I'd see the boss of the girls, but I would tell the girls first." We reviewed the complaints file which contained an up to date complaints policy. The registered manager told us they had not received any formal complaints in the last 12 months. They explained they have an 'open door policy' and encouraged people to share any concerns straight away so they could work to resolve them. One person told us they had made a complaint and felt it had been resolved to their satisfaction.

We spoke to a visiting doctor who told us the registered manager was responsive and willing to take on new ideas. They were looking at a shared computer system which would improve communication. He said they held a meeting with the registered manager, care staff and the Geriatrician to review people's care. This took place every four months and they looked at issues such as; weight loss, involvement with other health care professionals and medication reviews.

We noticed there was minimal activity for people on the morning of our inspection. We spoke to the registered manager about this and asked how they provided stimulation for people when the activities co-ordinator was not present. We were told care staff should be doing this. The registered manager told us people who lived at the service were offered a range of social activities to take part in.

We spoke to the activities co-ordinator who told us they came in two afternoons per week for two hours at a time. They told us activities included; baking, arts and crafts, reminiscing and DVDs which had been developed specifically for people living with dementia. On the afternoon of our inspection 11 people were watching a DVD in a lounge and the activities co-ordinator was asking people questions about the birds. People were engaged with this and were enjoying themselves. The activities co-ordinator showed us some life story books they had started to develop with people who used the service. They told us this is something which will be offered to everyone.

Good

Is the service responsive?

On a Wednesday afternoon people had the opportunity to join in an aerobics class. The service had a small sensory lounge and we saw one person enjoying the calm of this environment, they were whistling and told us they liked the peace and quiet.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post supported by a deputy manager and team of ancillary and care staff. We met the nominated individual who told us they were usually there three days a week. We observed the registered manager had a good rapport with people who used the service. All five people who lived at the service gave positive feedback about the registered manager, comments included, "He has been extraordinarily helpful, a nice chap," "He takes time to give me the care I am asking for," and, "He is approachable." Relatives told us they saw the registered manager on a regular basis and one person said, "He is more than approachable, he is here a lot of the time."

We found the registered manager to be open and honest during the inspection. They were able to give us a good account of how the service was doing and provided us with all of the information we needed.

We spoke to the registered manager about the audits they completed. They told us they reviewed care plans every month but advised this was done informally so we were unable to see a record of this. This meant we could not see whether any problems had been picked up by the registered manager or how these had been resolved. They told us they did not do a call bell audit to see how long people waited for support. However, we saw evidence of a cleaning audit.

During our inspection we noted some concerns which could have been picked up by the registered manager if they had a robust system in place for auditing care plans and the associated paperwork. We found the night checklist was not completed for four nights in May 2015, we showed this to the registered manager so they could address this issue. We also found one person had lost a significant amount of weight and we were unable to see any record of what action had been taken regarding this.

We recommend the provider review their quality assurance systems to ensure they are completing robust audits, and identifying any gaps where service improvements are required.

People told us the atmosphere in the home was good and that the care staff and registered manager work as a team. Staff we spoke to described being well supported by the management team. During our discussions with staff we were repeatedly told they would discuss concerns, issues or problems with the registered manager. One member of staff said, "[managers name] is good, and is very approachable."

The registered manager told us they did not have regular formal 'residents and relatives meetings', they told us they had tried these in the past, and there was a low uptake. The registered manager said they had an, 'open door policy' and people would come and discuss things as they needed to. This meant people and their relatives were missing out on an opportunity to give their views on the service and also to hear about any changes or updates to the service.

We saw an annual survey took place, sixteen people had returned the questionnaires, and the results were positive. People reported not being involved in care plan reviews, as a result of this the registered manager had written to family members inviting them to be involved in reviewing the care plan of their relative. This meant the registered manager had listened to and acted on the issue people raised.

We saw from records we looked at that regular staff team meetings had been held. This gave opportunities for staff to contribute to the running of the service. We reviewed the minutes from the last two meetings and saw these were detailed with recorded actions for follow up.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014Consent. The provider was not assessing people's ability to make their own decisions. When people were unable to give consent to decisions we did not see records of Best Interest decisions.